

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1											
2												
3												
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50												
TOTAL IND.	2											
TOTAL DEP.												
TOTAL CLAIMS	2											
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS